

# NOTICE OF DISASSOCIATION or QUALIFIER RESIGNATION

Utah Division of Occupational and Professional Licensing  
160 East 300 South, P. O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone: (801) 530-6628  
FAX: (801) 530-6511

**Instructions:** Pursuant to the Utah Construction Trades Licensing Act § 58-55-304(6) and (7), a licensed contractor is required to notify the Division, in writing, within 10 days after cessation of association or employment of the qualifier. If this notice is given, the license shall remain in force for 60 days after the date of cessation of association or employment. The licensee shall replace the original qualifier with another individual qualifier within the 60 day period or the license shall be automatically suspended. Please complete the appropriate boxes below for either the licensee or the qualifier who is submitting this form.

**Other important information:** Contractor licenses are issued to the business entity (*Sole Proprietorship, Limited Liability Company, Corporation, etc.*) that applied for the license. The qualifier for the business entity is **not** the owner of the contractor license **unless** the qualifier was also the owner of the business entity to whom the contractor license was issued. The disassociated qualifier cannot engage in construction activities until they either apply for a license for their own business entity and the license is issued, or they again become a W2 employee or officer of a licensed contractor.

**Name of Business Entity or Licensee:**

**License Number:**

☐ Complete this section if you are the business entity holding the Contractor's License.

**The qualifying management employee (*qualifier*) listed below is no longer associated with this licensee.**

Name of Qualifier:

Trade

Classification:

Date of

Disassociation:

Address of  
Qualifier (*if known*):

Telephone Number:

Signature of Licensee's  
Authorized signer:

Printed name of Licensee's  
Authorized Signer:

Date

Signed:

☐ Complete this section if you were the qualifying management employee (*qualifier*).

**I have resigned as the qualifying management employee (*qualifier*) with the business entity/licensee listed above.**

Name of Qualifier:

Trade

Classification:

Date of

Resignation:

Address of  
qualifier:

Telephone Number:

Signature of  
Resigning Qualifier:

Date

Signed: